

# Coverdell Education Savings Account (CESA) Application

Calamos Financial Services LLC, *distributor*

## Mail to: Calamos Family of Funds

c/o U.S. Bancorp Fund Services, LLC  
P. O. Box 701  
Milwaukee, WI 53201-0701

## Overnight mail to: Calamos Family of Funds

c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., 3rd Floor  
Milwaukee, WI 53202-5207

### To complete this application, you will need:

- Social Security Numbers for all registered holders
- Permanent street addresses for all registered holders
- A check for your initial investment payable to Calamos Funds
- A voided check for automatic investing (if applicable)
- Signatures of any co-owners
- Date of birth of all registered holders

Please print. If you have any questions about completing this application, call a Customer Service Representative at 800.582.6959 (Hours: Monday-Friday, 8:00 a.m. to 6:00 p.m. Central time).

## 1 Your Account Type

Choose only one account type.

Coverdell Education Savings Account (CESA)  
For the Tax Year

Rollover Account—specify the type of rollover:

Account Holder's CESA to Account Holder's CESA

Qualifying Family Member's CESA to Account Holder's CESA

To transfer your account, complete a "Transfer Form for Individual Retirement Account and Coverdell Education Savings Account" form available at [www.calamos.com](http://www.calamos.com).

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security Number, and permanent street address. Corporate, Trust and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

I/We already have other Calamos accounts.

This is my/our first account with Calamos Family of Funds.

Note: Your permanent address must be within the United States, an APO/FPO or in a U.S. territory to open an account.

## 2 Designated Beneficiary

Indicate the account holder.

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (MM/DD/YYYY)	Social Security Number	E-mail Address*

\*By providing your e-mail address, you consent to receive periodic e-mails about Calamos Investments products and services.

This section must be completed.

The beneficiary's permanent address cannot be a P.O. Box.

### Permanent Street Address

<input type="text"/>	<input type="text"/>	
Street Address	Apt./Suite #	
<input type="text"/>	<input type="text"/>	
City	State Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Telephone	Ext.	Home Telephone

### Mailing Address

<input type="text"/>	<input type="text"/>	
Street Address	Apt./Suite #	
<input type="text"/>	<input type="text"/>	
City	State Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Telephone	Ext.	Home Telephone

## 3 Responsible Party

Indicate the responsible party for the beneficiary.

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (MM/DD/YYYY)	Social Security Number	Relationship to Designated Beneficiary

This section must be completed.

Your permanent address cannot be a P.O. Box.

Note: Your permanent address must be within the United States, an APO/FPO or in a U.S. territory to open an account.

### Permanent Street Address

<input type="text"/>	<input type="text"/>	
Street Address	Apt./Suite #	
<input type="text"/>	<input type="text"/>	
City	State Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Telephone	Ext.	Home Telephone

### 3 Responsible Party (continued)

Unless you specify otherwise, these options will be added to your account.

- ▶ I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article VI of the Coverdell Education Savings Account agreement.
  - The responsible party does **not** wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.
  - The responsible party may **not** change the beneficiary.

### 4 Initial Investment

Please indicate your choice of Fund(s) and the amount of your initial investment: Maximum contribution per year is \$2,000. The minimum investment is \$500. Subsequent Investments: \$50 per fund account.

Select Fund(s)	Select Share Class			Initial Investment
<input type="checkbox"/> Growth	<input type="checkbox"/> A (606)	*B (613)	<input type="checkbox"/> C (620)	\$ <input type="text"/>
<input type="checkbox"/> Growth and Income <sup>3</sup>	<input type="checkbox"/> A (604)	*B (611)	<input type="checkbox"/> C (618)	\$ <input type="text"/>
<input type="checkbox"/> Discovery Growth	<input type="checkbox"/> A (1975)	*B (1976)	<input type="checkbox"/> C (1977)	\$ <input type="text"/>
<input type="checkbox"/> Value	<input type="checkbox"/> A (634)	*B (635)	<input type="checkbox"/> C (636)	\$ <input type="text"/>
<input type="checkbox"/> Blue Chip	<input type="checkbox"/> A (641)	*B (642)	<input type="checkbox"/> C (643)	\$ <input type="text"/>
<input type="checkbox"/> Global Growth and Income <sup>3</sup>	<input type="checkbox"/> A (607)	*B (614)	<input type="checkbox"/> C (621)	\$ <input type="text"/>
<input type="checkbox"/> International Growth	<input type="checkbox"/> A (645)	*B (646)	<input type="checkbox"/> C (647)	\$ <input type="text"/>
<input type="checkbox"/> Global Equity	<input type="checkbox"/> A (1913)	*B (1914)	<input type="checkbox"/> C (1915)	\$ <input type="text"/>
<input type="checkbox"/> Evolving World Growth	<input type="checkbox"/> A (1952)	*B (1953)	<input type="checkbox"/> C (1954)	\$ <input type="text"/>
<input type="checkbox"/> Convertible <sup>1</sup>	<input type="checkbox"/> A (603)	*B (610)	<input type="checkbox"/> C (617)	\$ <input type="text"/>
<input type="checkbox"/> Market Neutral Income <sup>2</sup>	<input type="checkbox"/> A (605)	*B (612)	<input type="checkbox"/> C (619)	\$ <input type="text"/>
<input type="checkbox"/> High Income	<input type="checkbox"/> A (608)	*B (615)	<input type="checkbox"/> C (622)	\$ <input type="text"/>
<input type="checkbox"/> Total Return Bond	<input type="checkbox"/> A (1929)	*B (1930)	<input type="checkbox"/> C (1931)	\$ <input type="text"/>
<input type="checkbox"/> Fidelity Prime Money Market	<input type="checkbox"/> A (1970)			\$ <input type="text"/>

\*As of July 31, 2009, Class B Shares are closed to new investments and new Class B share accounts can only be established via exchange or transfer from existing Class B share accounts. Please see the prospectus for more information.

<sup>1</sup>Effective the close of business, January 28, 2011, the Convertible Fund is closed to new investments with limited exceptions as enumerated in the prospectus. Please review the prospectus carefully before submitting any purchase requests. If you have any questions, please call a customer service representative at 800.582.6959.

<sup>2</sup>Effective the close of business, January 28, 2011, the Market Neutral Income Fund is closed to most new investments, subject to exceptions enumerated in the prospectus. Please review the prospectus carefully before submitting any purchase requests. If you have any questions, please call a customer service representative at 800.582.6959.

<sup>3</sup>Effective the close of business, January 20, 2012, the Growth and Income Fund and Global Growth and Income Fund is closed to most new investments, subject to exceptions enumerated in the prospectus. Please review the prospectus carefully before submitting any purchase requests. If you have any questions, please call a customer service representative at 800.582.6959.

**Purchased by:** 1. Check for \$  made payable to Calamos Funds

**OR:** 2. Wire \$  on  from   
Date (MM/DD/YYYY) Name of Bank

**For wire instructions:** Call 800.582.6959

## 5 Special Services

### A. Automatic Investment Plan

As of July 31, 2009, Class B Shares are closed to new investments. Please see the prospectus for more information.

U.S. Bancorp Fund Services LLC, transfer agent for the Calamos Family of Funds, can automatically transfer a minimum of \$50 per fund account regularly from your checking or savings account. You will be assessed a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment or any other reason. An unsigned, voided check or savings account deposit slip is required with your application.

Monthly     Quarterly     Semi-Annually     Annually

Fund Name	Amount to Invest	On which day of the month (or on the first business day thereafter)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name(s) on Bank Account

Bank Name

Account Number

Bank Routing Number/ABA

Bank Address

City

State

Zip Code

Note: Any co-signer of a checking or savings account who is not a joint owner of the Funds must authorize these services by signing below.

Signature of Bank Account Owner

Date (MM/DD/YYYY)

Signature of Joint Bank Account Owner (if applicable)

Date (MM/DD/YYYY)

**B. Telephone Purchase and Exchange Privileges**

Unless you indicate otherwise, you will have telephone privileges.

- I do not want telephone PURCHASE privileges.
- I do not want telephone EXCHANGE privileges.
- I authorize U.S. Bancorp Fund Services, LLC to electronically CHARGE my bank account for future purchases requested by telephone.\*

\*An unsigned, voided check or savings account deposit slip is required with your application.

Name(s) on Bank Account

Bank Name

Account Number

Bank Routing Number/ABA

Bank Address

City

State

Zip Code

Signature of Bank Account Owner

Date (MM/DD/YYYY)

Signature of Joint Bank Account Owner (if applicable)

Date (MM/DD/YYYY)

**C. Rights of Accumulation**

This does not apply to Class B or Class I Shares.

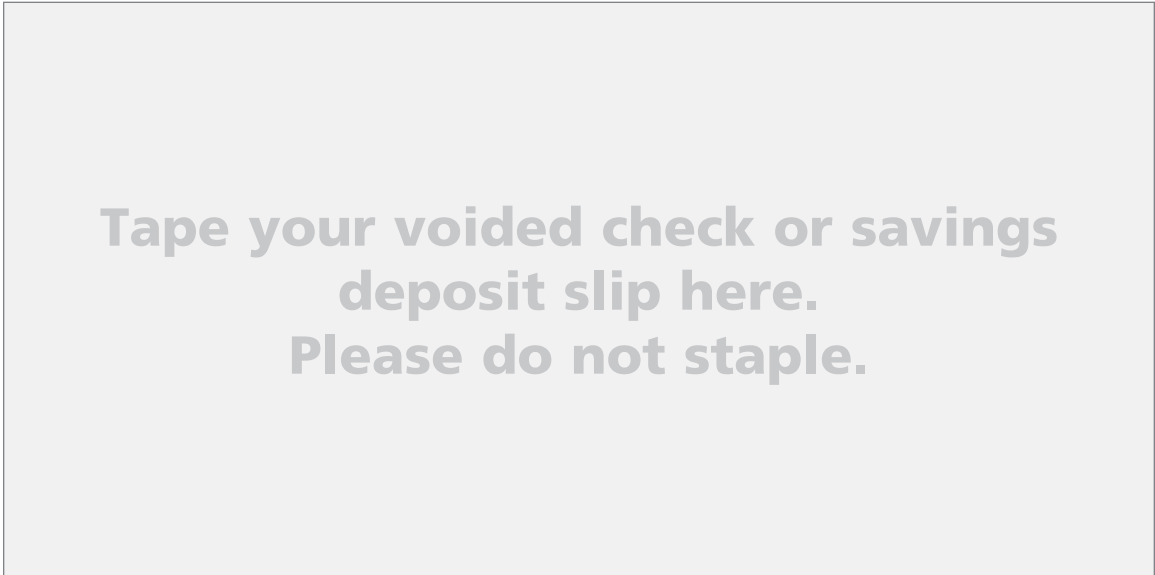
- I qualify for the cumulative quantity discount described in the prospectus. My other accounts within the Calamos Family of Funds are as follows:

Fund Name	Account Number	Account Name
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

**5 Special Services** (continued)

If you have elected direct deposit of your dividends, automatic investing or direct deposit of redemptions, you must attach a voided check or savings deposit slip.

**D. Bank Services**



**6 Dealer/Investment Adviser** (To be completed by the dealer/adviser if applicable)

If your purchase of the Fund(s) was recommended by a dealer/adviser, please complete this section.

<input type="text"/>	<input type="text"/>
Dealer/Adviser/Firm Name	Dealer Number (optional)
<input type="text"/>	<input type="text"/>
Branch	Branch Number
<input type="text"/>	<input type="text"/>
Representative's First and Last Name	Representative Number
<input type="text"/>	<input type="text"/>
Address	Suite/Floor/Department
<input type="text"/>	<input type="text"/> <input type="text"/>
City	State Zip Code
<input type="text"/>	<input type="text"/>
Branch Telephone	Ext.

## 7 Householding and Certification

By signing this form, I consent to the “householded” delivery of any fund prospectus, shareholder report and other documents (other than transaction confirmations of account statements) that I must legally receive. This means that I and any other fund shareholder residing at my address believed by the Fund to be a member of my family will only receive a single prospectus/report at our address. This will not affect the delivery of my account statements or transaction confirmations.

**Please check here if you do NOT consent to “householding”—this way each fund shareholder at your address will receive their own prospectus/report in the future.**

I affirm that I have received a current prospectus of the Fund applied for and I agree to be bound by its terms. I certify that I have full authority and legal capacity to purchase shares of the Fund and to establish and use any related Privileges. I understand that the Telephone Purchase and Exchange Privileges will apply to my account unless I have specifically declined those Privileges in Section 5 of this application. I understand that by signing the application, unless the Privileges are declined, I agree that neither the Funds nor their Transfer Agent, their agents, officers, trustees, directors or employees will be liable for any loss, liability or expense for acting on instructions given under the Privileges, placing the risk of loss on me. See the discussion of Telephone Privileges in the prospectus.

I authorize the firm/registered representative listed in section 6 of this application to have access to my account and to act on my behalf with respect to my account.

I acknowledge that I am solely responsible for determining the eligibility of any contributions and ensuring that total annual contributions will not exceed the amounts prescribed by applicable law.

“Your mutual fund account may be transferred to your state of residence if no activity occurs with your account during the inactivity specified in your State’s abandoned property laws.”

I certify, under penalties of perjury, that (a) all information and certifications on the application are true and correct, including the Social Security or other tax identification number under Account Registration or, if none is shown, I certify that I have not been issued a number but have applied for one and (b) I am not subject to backup withholding as a result of a failure to report all interest or dividend income to the IRS. **(Note: you must draw a line through clause (b) of the preceding sentence if the IRS has notified you that you are subject to backup withholding due to your failure to report such income.)** I further certify that I am a U.S. Citizen (including a U.S. Resident Alien). I agree that the Fund and its transfer agent may redeem shares and retain the proceeds from any of my account(s) with the Fund up to a total of (a) any IRS penalties attributable to my failure to provide either the Fund or its transfer agent with correct and complete information requested by them and (b) any tax not withheld from distributions to me which should have been withheld by them.

## 8 Acceptance by Participant

I hereby adopt the Calamos Investment Trust Individual Retirement Account Plan and appoint U.S. Bank, N.A. to serve as Custodian as provided therein. I have read the Plan documents, including the General Provisions on this form, and agree to be bound by their terms. I have received the current prospectus(es) of the Fund(s) in which my initial contribution is to be invested and agree to be bound by their terms, including the terms concerning the redemption of shares and shareholder services. I certify that I am a U.S. Citizen (including a U.S. Resident Alien).

Sign exactly as listed in  
“Your Account Type”.

Depositor/Legally Responsible Individual’s Signature

Date (MM/DD/YYYY)

## 9 Custodian Acceptance

This section to be  
completed by  
U.S. Bank, N.A.

▶ The undersigned, U.S. Bank, N.A. by separate agreement and the below signature, offers to serve as Custodian in accordance with the Calamos Investment Trust Individual Retirement Account Plan once this Application Form has been properly completed and returned to the Custodian.

Signature

Date (MM/DD/YYYY)

CALAMOS®

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